ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: May 22, 2019 Case Number: 19-84

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Staci Brigham, DVM & Raymond Aguirre, CVT

Premise Name: VetMed

Premise Address: 20610 North Cave Creek Road

City: Phoenix State: AZ Zip Code: 85024

Telephone: 602-697-4694

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Joycelee Burke

Address. [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone:

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

RECEIVED
MAY 22 2019
BY:

C. **PATIENT INFORMATION (1):**

Name: Carter Burke

Breed/Species: Rottie / Bernese Mountain Dog Mix

Age: 7 Sex: Male Color: Black and Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. **VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Dr. Staci Brigham, DVM, & Raymond Aguirre, CVT of VetMed.

Dr. Perry, DVM, referred us to VetMed and stressed the urgency of Carter's care. We have no issue with her.

E. **WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Keara Burke, Joycelee Burke, and minor child, [redacted]

Dr. Perry, DVM, & Team, Pinnacle Peak Animal Hospital, 23425 N Scottsdale Rd, Ste A-11, Scottsdale, AZ 85255, (480)-585-7511

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Joycelee Burke

Date: 5/15/19

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Context:
At 11:10 am Monday morning, 5/13/19, Carter was taken to Pinnacle Peak Animal Hospital for labored breathing and lack of appetite. Dr. Perry took two chest x-rays and observed fluid around Carter's heart. She stressed the urgency with which Carter needed to see a cardiologist and referred us to VetMed. At the time, we had a minor child present and asked if we could take the child home before taking Carter to the emergency center. Dr. Perry expressed significant concern and recommended we go straight to the emergency center. We paid for this visit at 12.14 pm and left for VetMed immediately. Dr. Perry's staff called VetMed and sent over Carter's medical records as we left.

Description of Incident:
We arrived at VetMed just after 12:30 pm. We entered the 24/7 emergency building and attempted to check-in. The two staff members, Tara A. and an unknown other, at the front did not express any sense of urgency. They had us fill out a single sheet of paper detailing owner and patient information. They then asked us to take a seat. At about 12:50 pm, Joycelee asked the front desk staff what the timeline for the visit looked like as we had a minor child that we either needed to get food or take home. At that time, the front desk staff radioed for a tech to come out. Raymond Aguirre met us in the lobby and asked what the issue was and began examining Carter (feeling stomach, checking gums). He then said he would take Carter in the back to begin vitals and come get us when the vet was available. Just after Carter was taken back, Keara took the minor child to get food (around 1.10 pm).

Just before Keara's return (around 1.20 pm), Joycelee asked the front desk staff what was going on: "I feel like you took my dog in the back just to pacify me. I'm concerned for his well-being. I'd like to be with him please. We never leave him alone at the vet." They again radioed for Raymond. Raymond came out to the lobby and said, "Your dog is in congestive heart failure, and we've begun procedures now." Joycelee asked "He was fine in the lobby before you took him back! What happened? What did you do to him? What procedures have you started?" During this conversation Raymond was smiling which made Joycelee even more distraught, "Why are you smiling? Do you think this is funny?" We note that there were other pet owners in the lobby when this conversation took place. Dr. Foote, the hospital director, came over and had Raymond step aside. She said she did not know the details but overheard something going on. She introduced herself. Joycelee indicated she would like to see Carter because she was concerned for his well-being and never gave permission for any procedures to be done. At this time, Keara and the minor child returned (around 1.25 pm). Dr. Foote obtained the okay for us to head to the back.

In the back room, we found Carter in a metal walled cage with a 'Ready' sign. He was not undergoing a procedure as Raymond had claimed. Carter was terrified as he has never been caged before. Dr. Foote allowed us to take Carter out of the cage and asked what happened. She then said she would go find Dr. Brigham, the vet who was overseeing his visit. We noticed Carter had a pink or purple bandage on his back-right leg.

This was later discretely removed by either Dr. Foote or Dr. Brigham.

Dr. Brigham came in and clipped Carter's info to the cage. Joycelee took a photo of the cage at 1.37 pm. Dr. Brigham introduced herself and began explaining that she had just received his paperwork and x-rays. Brigham stated that she gave the order for Carter to receive medication. She than rattled off a series of symptoms, veterinary terms, and strung together a possible series of events, all of which were not helpful explanations as to why our dog was administered medication without previously informing us or obtaining consent. At this point, already concerned for our dog's well-being, we became skeptical about the ethicality of everything that had happened. If Dr. Brigham had just gotten Carter's medical report, why was he administered furosemide and pimobendan prior to that report being read? Carter had barely eaten or drank water since Thursday, May 10, 2019. He was dehydrated. Additionally, what if our vet had already administered those drugs? Why had a tech told Joycelee in the lobby that Carter was in congestive heart failure prior to the report being read and prior to an echocardiogram being performed to confirm heart failure was the problem? Why hadn't Dr. Brigham been the one to convey this information? Why was this information conveyed in the lobby? If Dr. Brigham had the report prior to when she announced she did, why was she not forthcoming? We later learned from our own research, that a renal exam should have been conducted and baseline electrolyte levels should have been obtained prior to Carter being administered diuretics. To our knowledge and based on the report provided at the end of the visit, this was not done. Carter's blood was eventually drawn around 6.30 pm, but more on this later.

Dr. Brigham explained that the diuretic would make Carter urinate more frequently and said we could take him outside. Before taking Carter outside, Keara asked what/when something would happen. Dr. Brigham said a cardiologist would not be available to perform an echocardiogram until 5.00 pm.

We sat on a bench outside the emergency center in the shade and called our vet (Dr. Perry) to let her know what happened and to ask for medical advice. Dr. Perry's staff confirmed that VetMed would have received Carter's paperwork immediately as it is sent in a portal and that the center was expecting Carter. Dr. Perry, while apologetic for how the situation had progressed, indicated that Carter should not be moved to a different medical center as it could make his condition worse. While we were still sitting outside, but after this phone call, Raymond delivered us a service estimate with the low and high cost estimates for the following: emergency service examination fee ($104), injection IV treatment plan (Qt. 3, $156 to Qt. 4, $312), cardiopulmonary ultrasound ($514), i-Stat Chem 8+/PCV/TP ($72), medications to go home ($118.58). The print off was delivered sometime around 1:45 pm, and we only received page 1/3. He said to let the front desk staff know if we agreed to treat Carter. We agreed to service around 2:15 pm. At this time, Keara left to take the minor child home and to pick up sweaters and water.

At about 2:40 pm, Joycelee and Carter were put in Room 6. Carter was administered an additional dose of furosemide at approximately 2:57 pm by two techs. A couple of minutes later, he threw up white foam. Joycelee asked for assistance. Raymond came in to clean up the vomit. Joycelee asked him to alert the vet as she was concerned that he was having a reaction to the dosage or was too dehydrated. Keara returned to the clinic around 3:15 pm. We waited in the room until nearly 6 pm before being seen by cardiologist, Dr. Matthew Miller, DVM. Dr. Miller thoroughly explained the echocardiogram procedure and findings. He confirmed that Carter has congestive heart failure. Dr. Miller explained the prognosis and described the treatment plan options. We opted to treat Carter at home as we did not feel comfortable leaving Carter in this facility after everything that had transpired. Dr. Miller said he would write up and send us a report and have the necessary prescriptions filled. Dr. Brigham walked up at the end of the echocardiogram but was not present during the procedure. She did not say anything.

We returned to Room 6 and waited for the prescriptions and report. At 6:36 pm, two techs came in (James and Stacy) to give Carter a third dose of furosemide. They also drew blood for a chem panel. Joycelee asked if we should be concerned about Carter vomiting earlier after his dose. Stacy sounded surprised by this reaction but said it was likely due to anxiety. She said she would let the vet know. We overheard Stacy ask Raymond in the hallway outside if he had told Dr. Brigham about the vomit. He said no. Almost 4 hours had passed since Carter originally threw up. Stacy let Dr. Brigham know and told us that it was likely just due to his condition and stress.

Stacy provided us the prescriptions and the medical report. Joycelee signed that she received the report but had not yet read it as we were being ushered out of the room. The report did not include timestamps for any of the procedures. Stacy also did not explain the bloodwork. Keara asked if there was a more detailed report and asked for the times that the doses were administered. Stacy talked to Dr. Brigham and returned and wrote the approximate times doses were administered on the report. Joycelee noticed the report said Carter was "overweight." She asked for clarification from Stacy as neither a tech nor Dr. Brigham had mentioned this prior to the report. Stacy tried to defend the observation by stating that she could not feel his ribs or see pronounced curvature when looking down at his body. We disagreed as we both felt his ribs and felt that he was under target weight as discussed with our vet.

We finally checked out of VetMed around 7pm. The final bill was as follows: emergency service examination fee ($104), furosemide 5% injectable (Qt. 2, $20), furosemide 5% injectable (Qt. 2, $20), cardiopulmonary ultrasound ($514), furosemide 5% injectable (Qt. 2, $20), i-Stat Chem 8+/PCV/TP ($72), furosemide 50mg tablet (Qt. 30, $36.90), spironolactone 50mg tablet (Qt. 42, $31.86), pimobendan 5mg tablet (Qt. 31.50, $83.84).

We never spoke with Dr. Brigham again after meeting her in the back room when we originally took Carter out of the cage. She did not return to the area until Dr. Miller was delivering his findings. We did not see her again during the entire visit. We also did not see Raymond again after he cleaned up Carter's vomit and did not hear from him again after we overheard Stacy ask whether or not he had alerted Dr. Brigham.

Upon further inspection of the report at home the following day, May, 14, 2019, we noticed that Dr. Brigham noted that the chem panel was performed post 8mg/kg furosemide. We were present when blood was drawn just prior to or after the third dose of furosemide at 6:30 pm. And the blood was not tested until after the third dose was administered. Our vet office, Pinnacle Peak, called the same morning to check on Carter and to let us know that they had received records from VetMed. Keara asked whether their report included timestamped information. It did not. Keara noted that although the report stated Carter's blood was drawn post 8mg/kg furosemide, that this was not actually done until 6:30 pm after or just before the third dose of furosemide was administered. The staff on the phone from Pinnacle Peak said they would let either Dr. Perry or another vet know and call us back if this was cause for concern.

Summary of Concerns:
Our biggest concerns during this visit were the lack of communication by Dr. Brigham, the unprofessional behavior by Raymond Aguirre and Dr. Brigham, and the failure of either Dr. Brigham or Raymond Aguirre to obtain informed consent prior to administering medication to Carter, and the public and inconsiderate manner in which Raymond Aguirre, NOT a DVM, delivered the diagnosis of Carter. Additionally, we were concerned by Dr. Brigham either administering medication without having read the medical report or not being forthcoming about when she obtained and read the medical report. Overall, we are happy that Carter was treated by Dr. Miller, but completely displeased and distraught at the level and quality of service and compassion provided by VetMed during this 7-hour long visit.

We are more than happy to provide additional documentation in the form of receipts, text messages, phones calls, and pictures to confirm the timeline of events. Additionally, we note that our vet at Pinnacle Peak did not think Carter was overweight. Both Joycelee and Dr. Perry had targeted 60 lbs as a healthy weight for him as he is of a medium build, barrel-chested breed with colorings of a Rottweiler and thicker fur like a shepherd or mountain dog. We took pictures of Carter from above the following day to illustrate his 'curvature.'

We appreciate your time and consideration in reading this unfortunately lengthy account and hope that the details provided are sufficient for the Board's purposes.

VetMED
EMERGENCY & SPECIALTY CARE

June 11, 2019

RECEIVED
JUN 17 2019
BY:

To Whom It May Concern:

On May 13, 2019 I was one of two emergency doctors on duty at VetMED. "Carter" Burke entered our hospital as a transfer for evaluation of pericardial effusion as diagnosed by his family veterinarian. VetMED is a referral center as well as an Emergency center. We receive many patients daily that are transfers from other hospitals for further diagnostic work up and treatment. With most transfers the family veterinarian will call the ER doctor on duty and round them on the case they are sending us. That did not happen in Carter's case.

After Carter was added to our system a technician (Raymond Aguirre) brought Carter to the treatment area to assess for stability and get vitals. The pet was deemed stable by me as I performed a physical exam after vitals were gathered. I did note the pet to have an increased respiratory rate and heart murmur but he was not oxygen dependent. I performed a TFAST (brief ultrasound of the thoracic cavity) and determined Carter did not in fact have pericardial effusion but appeared to have left atrial enlargement which is indicative of mitral valve disease (later to be confirmed by echocardiogram with Dr. Miller). I looked at his chest radiographs sent over by the family veterinarian that showed evidence of congestive heart failure (cardiomegaly with left atrial enlargement, perihilar pulmonary edema and enlarged pulmonary veins). The records from the referring veterinarian showed no treatments had been administered. I asked Raymond to please administer an IV injection of furosemide (2 mls/100 mg) and oral pimobendan (7.5 mg/1.5 tab) as this is the standard of care for congestive heart failure and Carter's wellbeing and welfare were my first priority. Emergency treatment is often administered prior to meeting the client in the emergency room due to heavy caseload and inability to meet with clients immediately. We opt to put patient care first and foremost. The medications were dispensed at 1:17pm and administered shortly thereafter. I told Raymond I was going into a room to meet with a client of an unstable patient and then I would meet with Ms. Burke. I did not at any time instruct Raymond to speak with Ms. Burke about a diagnosis or that "procedures" had been performed.

While I was in an exam room meeting with the other client a technician came to get me to let me know Dr. Foote wanted me to come to treatment immediately to meet with Ms. Burke as she was audibly upset that she hadn't spoken to me yet. I told the technician I would be there when I finished speaking to the current client. I think it is important to note I was speaking to that client about her two-year-old dog who was in heart failure and very unstable. I did not feel that leaving the room to meet with Ms. Burke was appropriate. After I finished speaking with that client I immediately went to treatment and met with Ms. Burke as well as what I believe was one of her children. I introduced myself and they immediately started asking me why I wasn't doing anything to help their pet as their family veterinarian told them this was urgent. She repeatedly threatened to leave our facility. I explained in detail to Ms. Burke that Carter did not

have pericardial effusion as was originally diagnosed but was in congestive heart failure and he was stable. I assured Ms. Burke that I had acted to help her pet as I had administered the furosemide and pimobendan immediately upon making the diagnosis. I explained to her why we use those medications and what they do. I offered that Carter be started on congestive heart failure therapy and come back for a scheduled appointment with cardiology or to meet with a cardiologist at another facility since she was so unhappy about waiting. She declined this offer and elected to stay at VetMED. I advised Ms. Burke that I recommended we keep Carter in the treatment room for continued observation and care while we waited on the cardiology assessment. Ms. Burke refused to allow us to keep Carter in the treatment room where he could be continually monitored. I had the technician present her with an estimate for care and the echocardiogram and she refused to sign it. Ms. Burke said she would sign nothing until the cardiologist promised to let her be present for the echocardiogram. I let her know that is not customary on ER as the echocardiograms are performed in the treatment room but I would personally ask the cardiologist to make an exception, which he did do for her. She did eventually sign the estimate.

I asked my technician to check on Carter around 1:30 -2:00pm and administer a second dose of furosemide if his respiratory rate was still elevated which it was. Ms. Burke allowed this treatment. The furosemide was drawn up at 1:54pm and administered shortly thereafter. I found out a few hours later that Carter had vomited during that time. When I was told of the vomiting, I offered an injection of Cerenia (via technician Stacey Saffert) as an antiemetic and Ms. Burke declined. The cardiology team arrived around 5:30pm to perform the echo and they did allow Ms. Burke to attend. I was not present for most of the study as I was occupied with several other emergent patients. We see many patients through our ER service that are there specifically to get ultrasound studies. It is not customary for the ER doctor to be present for the study but for the ultrasonographer or cardiologist to give us results afterward that we then share with clients. In this case the cardiologist met directly with Ms. Burke. After the echo was complete and Dr. Miller (cardiologist) finished speaking with Ms. Burke she was taken back to an exam room. I spoke with Dr. Miller about his results and his treatment recommendations. He agreed with my diagnosis and prior treatments. He recommended another injectable dose of furosemide (dispensed at 6:27pm and administered shortly thereafter) and that Carter stay for observation overnight. Ms. Burke declined Carter staying overnight but not the furosemide injection. She approved of a plan for him to go home with oral medications as recommended by Dr. Miller. A Chem 8 blood sample was collected at the time of the 3rd injection of furosemide to establish a baseline for kidney values (BUN, Crea) and electrolytes (Na, K, Cl). The potassium and ionized Calcium were slightly low as is common secondary to furosemide administration. It is uncommon that we draw blood for the renal values prior to administering a diuretic as Ms. Burke implied. Blood was not initially drawn on Carter as it was not emergent and would not have changed my initial treatments.

I completed Carter's SOAP and home care instructions. A technician, Stacey Saffert, reviewed the instructions with Ms. Burke. I was not informed that she had any further questions or concerns for me.

VetMED
EMERGENCY & SPECIALTY CARE

In conclusion, the correct diagnosis for Carter was made at VetMED and the standard of care was administered/pursued with swift action. Ms. Burke was clearly upset that she had to wait to speak with me but unfortunately; there was another more critical patient that took priority over Carter. I explained Carter's illness to Ms. Burke in detail and she did not express any misunderstanding or confusion. Carter received the diagnostics and care he was sent to VetMED to receive.

Respectfully submitted,

, DVM

Staci Brigham, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 19-84
Complainant(s): Joycelee Burke
Respondent(s): Staci Brigham, D.V.M. (License: 5046)

SUMMARY:
Complaint Received at Board Office: 5/22/19
Committee Discussion: 8/6/19
Board IIR: 9/18/19

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow).

On May 13, 2019, "Carter," a 7-year-old Rottweiler mix was presented to Respondent on referral for a thoracic ultrasound due to possible pericardial effusion. Complainant waited for some time before the dog was taken into the treatment area. Once in the treatment area, the dog was administered treatment prior to Complainant giving authorization and being provided with an estimate.

Complainant expressed concerns with communications and the overall experience at VETMED.

Complainant was noticed and appeared.
Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Joycelee Burke*
- Respondent(s) narrative/medical record: *Staci Brigham, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Melanie Perry, VMD – Pinnacle Peak Animal Hospital*

PROPOSED 'FINDINGS of FACT':

1. Complainant listed Raymond Aguirre, CVT on the complaint form. She was advised by Board staff that Mr. Aguirre was not a CVT therefore a complaint investigation would not be opened against him. The Investigative Committee and Board could review Mr. Aguirre's conduct and possibly hold Respondent accountable for his actions, or open an investigation against Dr. Foote, responsible veterinarian for the premise, if they had concerns.

2. On May 13, 2019, the dog was presented to Dr. Perry at Pinnacle Peak Animal Hospital due to decreased appetite and labored breathing. The dog was examined and Dr. Perry identified an increased respiratory rate and effort. Due to respiratory noise, Dr. Perry had difficulty ausculting the dog's heart rate. Radiographs were performed and revealed an enlarged cardiac silhouette and interstitial/alveolar lung pattern throughout the lung fields. Dr. Perry suspected possible pericardial effusion and recommended referral for a thoracic ultrasound at VETMED on emergency. The referral form and radiographs were sent electronically to VETMED and Complainant went straight there.

3. Later that day, the dog was presented to Respondent on emergency referral. According to Respondent, with most transfers the regular veterinarian will call the emergency doctor on duty and round them on the case they are sending – that did not happen in this case.

4. Approximately 20 - 30 minutes after arriving (arrived just after 12:30pm according to Complainant), Complainant asked when the dog would be seen. Front staff called to the back and technical staff member, Mr. Raymond Aguirre, came out to speak with Complainant. Mr. Aguirre took the dog into the treatment area to obtain vitals and have Respondent assess stability.

5. Upon exam, the dog had a weight = 25.9kgs (57 pounds), a temperature = 102.6 degrees, a pulse rate = 160bpm and a respiration rate = panting; BAR. Respondent ausculted a grade 3/6 left systolic murmur; synchronous femoral pulses; increased bronchovesicular sounds bilaterally; and increased respiration rate and effort. Respondent stated in her narrative that she performed a brief thoracic ultrasound and determined that the dog did not have pericardial effusion but appeared to have left atrial enlargement which is indicative of mitral valve disease. She looked at the radiographs that were sent over from Dr. Perry which showed evidence of congestive heart failure. According to Dr. Perry's medical records, no treatments were administered, therefore Respondent had Mr. Aguirre administer the dog 100mg furosemide IV (2mLs) and oral pimobendan 7.5mg (1.5 tablets).

6. Respondent advised Mr. Aguirre that she would speak with Complainant after meeting with a client with an unstable patient. At that time (1:20pm according to Complainant), Complainant expressed concerns to front staff that the dog had been away from her for some time. Due to Complainant's concerns, Mr. Aguirre spoke with Complainant and advised the dog had congestive heart failure and treatment had been started. Respondent stated in her narrative that she did not instruct Mr. Aguirre to relay information to Complainant. Complainant became upset as she felt Mr. Aguirre was smiling while he was giving information to her about her dog. Dr. Foote, responsible veterinarian for the premise, overheard Complainant and introduced herself. Dr. Foote had Complainant give her a brief history and then offered to check on the dog and

touch base with Respondent.

7. Dr. Foote entered the treatment area and saw the dog resting quietly in a large dog kennel. Respondent was with another patient therefore Dr. Foote brought Complainant into the treatment area to visit the dog. She then spoke with Respondent and let her know that Complainant was with the dog in the treatment area – Respondent went to speak with them regarding her findings.

8. Respondent introduced herself to Complainant and her family. Complainant expressed concern that nothing was being done to help the dog as their regular veterinarian told them this was urgent and threatened to leave the facility. Respondent explained that the dog did not have pericardial effusion as originally thought by the referring veterinarian but was in congestive heart failure and was stable. She assured Complainant that she had acted to help the dog by administering furosemide and pimobendan immediately upon making the diagnosis. Respondent stated that she explained the medications and what they do; she offered to start the dog on CHF therapy and return for a scheduled appointment with a cardiologist or to meet with a cardiologist at another facility since Complainant was unhappy about waiting. Complainant declined and opted to stay. Respondent recommended keeping the dog in the treatment room for continued observation and care while waiting for the cardiology assessment. Complainant declined. Respondent then had staff present Complainant with an estimate for care and the echocardiogram which she refused to sign until she was promised she could be present for the echocardiogram. Complainant eventually signed the estimate.

9. Between 1:30 – 2:00pm, Respondent had technical staff check on the dog and administer a second dose of furosemide if the respiratory rate was still elevated, which it was. Another dose of furosemide was administered with Complainant's approval. The dog vomited shortly after the injection however Respondent was not told until a few hours later. When Respondent was told, she offered an injection of Cerenia which Complainant declined.

10. Between 5:30 – 6:00pm, Dr. Miller, cardiologist, arrived to perform the echocardiogram on the dog and allowed Complainant to be present. Respondent was attending to other patients while the echocardiogram was being performed. After the echo was performed and Dr. Miller finished speaking with Complainant, she was taken back to an exam room. Respondent spoke with Dr. Miller about his results and recommendations, which agreed with Respondent's diagnosis and prior treatments. Dr. Miller recommended another furosemide injection and keeping the dog overnight for observation. Complainant declined overnight observation but not the furosemide injection; she approved a plan for the dog to go home with oral medications recommended by Dr. Miller.

11. At approximately 6:27pm, the dog was administered another furosemide injection IV and a blood sample was collected at that time. Complainant was concerned that the dog's blood was not tested prior to the furosemide injections. Respondent stated in her narrative that it is uncommon to draw blood for the renal values prior to administering a diuretic. Blood was not drawn on the dog initially as it was not emergent and would not have changed Respondent's initial treatments. The dog was discharged with the following:

a. Pimobendan 5mg, 21 tablets; give 1.5 tablets by mouth every 8 hours for 3 days, the every 12 hours until further notice;

b. Furosemide 50mg, 30 tablets; give 1 tablet by mouth every 8 hours for 3 days then every 12 hours until further notice; and
c. Spironolactone 50mg, 42 tablets; give 1.5 tablets by mouth every 12 hours until further notice.

12. Complainant stated that the discharge instructions had different medication strengths and amounts to administer than what was on the bottles for furosemide and spironolactone. The discharge instructions for furosemide were 40mg, give 1.5 tablets every 12 hours, instead of 50mg, 1 tablet every 12 hours, and spironolactone stated to give 1 tablet every 12 hours, instead of the 1.5 tablets.

COMMITTEE DISCUSSION:

The Committee discussed that there were some communication issues which can occur in a busy emergency practice; however the Committee did not feel it rose to the level of a violation. The primary veterinarian gave Complainant a high sense of urgency that the dog needed immediate care therefore the wait time was difficult for the pet owner and did not meet her expectations. In addition, Mr. Aguirre's communication may have been unprofessional which made matters worse.

Respondent's diagnosis, care and treatment of the dog were correct and appropriate, which was confirmed by the echocardiogram performed by a cardiologist. The Committee stated they would have been more concerned if Respondent did not treat the dog prior to paperwork being prepared.

The discrepancy of the medications written versus dispensed was explained and was still a correct dosage.

The Committee felt Complainant's expectations were not met therefore she may have thought things were not done correctly but the dog was cared for properly.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.